

DEPARTMENT OF INDUSTRIAL RELATIONS  
INDUSTRIAL MEDICAL COUNCILP. O. Box 8888  
San Francisco, CA 94128  
Tel. No.: (650) 737-2700 or 1-(800) 794-6900 Fax No.: (650) 737-2711**NOTICE OF UNAVAILABILITY****(Form must be filled 30 days prior to date of unavailability)**TO: EXECUTIVE MEDICAL DIRECTOR  
INDUSTRIAL MEDICAL COUNCIL**Please check the appropriate boxes, if you will be unavailable for panel assignment for a period of 14 days or more.**

- ☐ Please accept this notice that I will be unavailable for qualified medical evaluation panel selection assignment:  
from \_\_\_\_\_ to \_\_\_\_\_  
(month/day/year) (month/day/year)
- ☐ Check here if you have filed for unavailable during the calendar year.
- ☐ I will no longer be available for qualified medical evaluation assignment. Please **remove** my name from the list of Qualified Medical Evaluator.

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- ☐ The above information is for all of my QME office locations.
- ☐ The above information is only for the QME office location(s) listed below.

Office Street Address \_\_\_\_\_

City \_\_\_\_\_ CA, Zip Code \_\_\_\_\_

Office Street Address \_\_\_\_\_

City \_\_\_\_\_ CA, Zip Code \_\_\_\_\_

Office Street Address \_\_\_\_\_

City \_\_\_\_\_ CA, Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ License # \_\_\_\_\_

Name (print/type) \_\_\_\_\_ (Area Code) Phone # \_\_\_\_\_

(Note: It is not an acceptable reason for unavailability that a QME does not intend to perform evaluations for unrepresented workers. A QME who is unavailable may not perform QME evaluations until the QME has been reinstated. A QME who is unavailable for more than 90 days during the calendar year without good cause may be denied reappointment.

**Send this completed form to: INDUSTRIAL MEDICAL COUNCIL****P.O. Box 8888****San Francisco, CA 94128-8888**Authority cited: Sections 139, 139.2, Labor Code  
Reference: Sections 139.2, 4061, 4062, Labor Code